

971229312-7312-01) received on July 9, 1998; to the Committee on Commerce, Science, and Transportation.

EC-5994. A communication from the Deputy Assistant Administrator for Fisheries, National Marine Fisheries Service, Department of Commerce, transmitting, pursuant to law, the report of a rule regarding compensation for collecting resource information on Pacific Coast fishery (Docket 980501115-8160-02) received on July 9, 1998; to the Committee on Commerce, Science, and Transportation.

EC-5995. A communication from the Secretary of Agriculture, transmitting, a draft of proposed legislation to allow the Commodity Credit Corporation to use unobligated funds of the Export Enhancement Program for certain purposes; to the Committee on Agriculture, Nutrition, and Forestry.

EC-5996. A communication from the Secretary of Housing and Urban Development, transmitting, a draft of proposed legislation entitled "The Homeownership Zones Act of 1998"; to the Committee on Banking, Housing, and Urban Affairs.

EC-5997. A communication from the Secretary of Health and Human Services, transmitting, a draft of proposed legislation entitled "The Families of Children With Disabilities Support Act"; to the Committee on Finance.

EC-5998. A communication from the Assistant Secretary for Legislative Affairs, Department of State, transmitting, a draft of proposed legislation entitled "The Inter-country Adoption Act"; to the Committee on Foreign Relations.

EC-5999. A communication from the Secretary of Veterans Affairs, transmitting, a draft of proposed legislation entitled "The Veterans' Benefits Improvement Act"; to the Committee on Veterans' Affairs.

## REPORTS OF COMMITTEES

The following reports of committees were submitted:

By Mr. STEVENS, from the Committee on Appropriations: Special report entitled: "Further Revised Allocation to Subcommittees of Budget Totals for Fiscal Year 1999" (Rept. No. 105-246).

By Mr. MURKOWSKI, from the Committee on Energy and Natural Resources, with amendments:

S. 1418: A bill to promote the research, identification, assessment, exploration, and development of methane hydrate resources, and for other purposes (Rept. No. 105-248)

## INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bills and joint resolutions were introduced, read the first and second time by unanimous consent, and referred as indicated:

By Ms. COLLINS:

S. 2292. A bill to amend title XVIII of the Social Security Act to provide for coverage under the medicare program of insulin pumps as items of durable medical equipment; to the Committee on Finance.

By Mr. JOHNSON (for himself and Mr. DASCHLE):

S. 2293. A bill to increase the funding authorization for the James River, South Dakota, flood control project and direct the Secretary of the Army to enter into a programmatic agreement with the non-Federal sponsor of the project; to the Committee on Environment and Public Works.

By Mr. HATCH (for himself, Mr. LEAHY, Mr. DEWINE, and Mr. DASCHLE):

S. 2294. A bill to facilitate the exchange of criminal history records for noncriminal justice purposes, to provide for the decentralized storage of criminal history records, to amend the National Child Protection Act of 1993 to facilitate the fingerprint checks authorized by that Act, and for other purposes; considered and passed.

By Mr. MCCAIN (for himself, Ms. MIKULSKI, Mr. INHOFE, Mr. SMITH of Oregon, Mr. FAIRCLOTH, Mr. INOUE, Mr. SANTORUM, Mr. BREAUX, Mr. DURBIN, Mr. CLELAND, Mr. KENNEDY, Mr. SARBANES, Mrs. BOXER, Mrs. MURRAY, Mr. FORD, Mr. WYDEN, Mr. ROBERTS, Mr. AKAKA, Mr. REID, Mr. BRYAN, Mr. LEVIN, Mr. GRAHAM, Mr. GRASSLEY, Mr. WELLSTONE, Mr. DORGAN, and Mr. REED):

S. 2295. A bill to amend the Older Americans Act of 1965 to extend the authorizations of appropriations for that Act, and for other purposes; to the Committee on Labor and Human Resources.

## STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Ms. COLLINS:

S. 2292. A bill to amend title XVIII of the Social Security Act to provide for coverage under the Medicare Program of insulin pumps as items of durable medical equipment; to the Committee on Finance.

### MEDICARE INSULIN PUMP COVERAGE ACT OF 1998

Ms. COLLINS. Mr. President, diabetes is a serious and potentially life-threatening disease affecting more than 16 million Americans at a cost of more than \$137 billion annually. That is more than the cost of treating any other disease. Moreover, since 3 million elderly Medicare beneficiaries have been diagnosed with diabetes, and another 3 million are likely to have it but not realize it at this point, nowhere is the economic impact of diabetes felt more strongly than in our Medicare Program.

Treating seniors for the often devastating complications associated with diabetes accounts for more than one-quarter of all Medicare expenses. Therefore, helping diabetic seniors avoid the complications of their disease will not only greatly improve the quality of their lives, but also help reduce the economic burden that diabetes places on the Medicare Program. This, Mr. President, is essential to the long-term economic viability of Medicare.

While there is no known cure, diabetes is largely a treatable disease. Many people who have diabetes can lead completely normal, active lives as long as they stick to a proper diet, carefully monitor the amount of their blood sugar or glucose, and take their medicine, which may or may not include insulin.

However, Mr. President, unfortunately, if a person with diabetes does not follow this rather strict regimen, they put themselves at risk of blindness, loss of limbs and an increased chance of heart disease, kidney failure, and stroke. Therefore, appropriate preventive services for diabetes have the

potential to save a great deal of money that otherwise would go for hospitalization or other acute care costs—not to mention a great deal of unnecessary pain and suffering.

Mr. President, Congress recently took a number of important steps to improve Medicare coverage of preventive care for individuals with diabetes. Prior to enactment of the Balanced Budget Act of 1997, Medicare covered diabetes self-maintenance education services in inpatient or hospital-based settings and in limited outpatient settings, specifically hospital outpatient departments or rural health clinics.

Medicare did not, however, cover education services if they were given in any other outpatient setting, such as a physician's office. Moreover, while Medicare did cover the cost of blood-testing strips used to monitor the sugar in the blood, it did so only for type I diabetics who required insulin to control their disease. Last year's Balanced Budget Act rightly expanded Medicare to cover all outpatient self-management training services as well as providing uniform coverage of blood-testing strips for all people with diabetes.

With the enactment of the Balanced Budget Act, we made significant progress toward improving care for Medicare beneficiaries with diabetes. However, Mr. President, there is more that we can do.

External insulin infusion pumps have proven to be more effective at controlling blood glucose levels than conventional injection therapy for many insulin-dependent diabetics. This helps them to avoid the expensive complications and the suffering resulting from uncontrolled diabetes. However, Mr. President, Medicare currently does not cover these pumps, even in cases where they have been prescribed as medically necessary by the Medicare beneficiary's physician. I am, therefore, today pleased to introduce legislation, the Medicare Insulin Pump Coverage Act of 1998, that would expand Medicare coverage to cover insulin infusion pumps for certain type I diabetics.

External insulin pumps are neither investigational nor experimental. They are widely accepted by health care professionals involved in treating patients with diabetes. Moreover, studies such as the Diabetes Control and Complications Trial sponsored by NIH have established that maintaining blood glucose levels as close to normal as possible is the key to preventing the devastating complications of diabetes.

For many patients, Mr. President, the use of an infusion pump is the only way that optimal blood glucose control can be achieved safely and effectively. That is why virtually all other third-party payers—including most State Medicaid programs and CHAMPUS—cover the device. Moreover, there is precedent under the Medicare Program itself for covering the pump. Medicare currently covers infusion pumps for numerous cancer drugs as well as for pain control medications.

Mr. President, I first became interested in this problem because of the experience of one of my constituents, Nona Frederich of Raymond, ME. She is an example of the kind of Medicare patient who would benefit from the pump. She is currently, unfortunately, being denied what is for her the most effective form of glucose control.

Nona has been an insulin-dependent diabetic since 1962. Because of her extremely volatile insulin sensitivity, her diabetic specialist placed her on an insulin infusion pump in January of 1982. Until she reached age 65, the cost of the pump and operating supplies was underwritten in large part by her insurer, Colorado Blue-Cross-Blue Shield, and later by Blue Cross-Blue Shield of Maine.

In March of 1995, it became necessary for Nona to purchase a new infusion pump. By now, however, she was older and on Medicare. Much to her surprise, Medicare refused to cover the pump, even though her doctor had prescribed it as clearly being medically necessary to help control her diabetes. Since then, with the help of my Portland office staff, the Frederichs have worked their way through the Health Care Financing Administration's system of appeals. Unfortunately, in January of this year, they received final notification of a negative decision by the Department of Health and Human Services. Their only option now is to file a civil suit, which they are simply not in a position to pursue.

The Frederichs literally have notebooks filled with documentation of the procedures they have followed and the evidence they have submitted. Moreover, they have personally paid close to \$5,000 in original pump costs and supplies for which they have received no reimbursement under the Medicare Program. For a Medicare beneficiary with limited income, these kinds of costs can be devastating. They can place the pump completely out of reach, even though the pump is medically necessary. In such a case, such patients would be forced to return to or continue with conventional insulin therapy which simply may not be as effective in controlling their blood sugar. As a consequence, these patients are admitted to the hospital with complications over and over again. The irony is that then Medicare will pick up the bill, and a far higher bill it will be than if Medicare had paid for the pump in the first place.

While potentially devastating for an individual, the financial cost to Medicare of expanding coverage to include the insulin-infusion pump would be relatively minor. Under my bill, the pump would have to be prescribed by a physician and the beneficiary would have to be a Type-I diabetic, "experiencing severe swings of high and low blood glucose levels." Of the estimated 3 million Medicare beneficiaries with diabetes, only about 5 percent are Type-I, or insulin-dependent. Of these, it is estimated the pump would be appropriate

for only about 4 percent. But what a difference it would make in the lives of those 4 percent.

The American Diabetes Association, the American Association of Clinical Endocrinologists and the American Association of Diabetes Educators, as well as officials at the Centers for Disease Control, have all advocated expanding Medicare to cover insulin pumps for Type-I diabetics who would otherwise have great difficulty in controlling their blood sugar.

I am very pleased to be introducing this legislation today to do just that. I urge my colleagues to join me as co-sponsors.

I ask that the text of the bill be entered into the RECORD.

There being no objection, the bill was ordered to be printed in the RECORD, as follows:

S. 2292

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

#### SECTION 1. SHORT TITLE.

This Act may be cited as the "Medicare Insulin Pump Coverage Act of 1998".

#### SEC. 2. COVERAGE OF INSULIN PUMPS UNDER MEDICARE.

(a) INCLUSION AS ITEM OF DURABLE MEDICAL EQUIPMENT.—Section 1861(n) of the Social Security Act (42 U.S.C. 1395x(n)) is amended by inserting before the semicolon the following: "and includes insulin infusion pumps (as defined in subsection (uu)) prescribed by the physician of an individual with Type I diabetes who is experiencing severe swings of high and low blood glucose levels and has successfully completed a training program that meets standards established by the Secretary or who has used such a pump without interruption for at least 18 months immediately before enrollment under part B".

(b) DEFINITION OF INSULIN INFUSION PUMP.—Section 1861 of the Social Security Act (42 U.S.C. 1395x) is amended by adding at the end the following:

##### "Insulin Infusion Pump

"(uu) The term 'insulin infusion pump' means an infusion pump, approved by the Federal Food and Drug Administration, that provides for the computerized delivery of insulin for individuals with diabetes in lieu of multiple daily manual insulin injections."

(c) PAYMENT FOR SUPPLIES RELATING TO INFUSION PUMPS.—Section 1834(a)(2)(A) of the Social Security Act (42 U.S.C. 1395m(a)(2)(A)) is amended—

(1) in clause (ii), by striking "or" at the end;

(2) in clause (iii), by inserting "or" at the end; and

(3) by inserting after clause (iii) the following:

"(iv) which is an accessory used in conjunction with an insulin infusion pump (as defined in section 1861(uu))."

(d) EFFECTIVE DATE.—The amendments made by this section shall apply with respect to items of durable medical equipment furnished under title XVIII of the Social Security Act on or after the date of enactment of this Act.

By Mr. MCCAIN (for himself, Ms. MIKULSKI, Mr. INHOFE, Mr. SMITH of Oregon, Mr. FAIRCLOTH, Mr. INOUE, Mr. SANTORUM, Mr. BREAUX, Mr. DURBIN, Mr. CLELAND, Mr. KENNEDY, Mr. SARBANES, Mrs.

BOXER, Mrs. MURRAY, Mr. FORD, Mr. WYDEN, Mr. ROBERTS, Mr. AKAKA, Mr. REID, Mr. BRYAN, Mr. LEVIN, Mr. GRAHAM, Mr. GRASSLEY, Mr. WELLSTONE, Mr. DORGAN, and Mr. REED):

S. 2295. A bill to amend the Older Americans Act of 1965 to extend the authorizations of appropriations for that Act, and for other purposes; to the Committee on Labor and Human Resources.

OLDER AMERICANS ACT REAUTHORIZATION OF 1998

• Mr. MCCAIN. Mr. President, today I introduce the Older Americans Act Reauthorization Bill of 1998. I have 22 co-sponsors: Senator BARBARA MIKULSKI, Senator JAMES INHOFE, Senator GORDON SMITH, Senator LAUCH FAIRCLOTH, Senator DANIEL INOUE, Senator RICK SANTORUM, Senator JOHN BREAUX, Senator RICHARD DURBIN, Senator MAX CLELAND, Senator EDWARD KENNEDY, Senator PAUL SARBANES, Senator BARBARA BOXER, Senator PATTY MURRAY, Senator WENDELL FORD, Senator RON WYDEN, Senator PAT ROBERTS, Senator DANIEL AKAKA, Senator HARRY REID, Senator RICHARD BRYAN, Senator CARL LEVIN, Senator BOB GRAHAM, and Senator CHARLES GRASSLEY.

The OAA expired in 1995, and we are entering the fourth year without an OAA reauthorization. The bill would reauthorize the OAA thru the year 2001 using the language of the 1992 Act. This time frame would give needed stability to OAA programs while allowing a full evaluation of the OAA to ensure it is relevant to our current and future seniors.

Reauthorization of the OAA is absolutely essential. It is the major vehicle for the delivery of such programs as: meals on wheels; congregate meals; home care (personal care, homemaker, and chore service); adult day care; senior centers; transportation; a job program with skills training for low income seniors; a long term care ombudsman; research and demonstration projects; and abuse prevention and elder rights.

In addition, this is the cornerstone of programs for elderly Native Americans because it is the only federal program that allows tribes to directly plan for the needs of their elderly based on their own culture and traditions.

The OAA is a coordinated system of care that can work alone or hand in hand with Medicare and Medicaid services for those seniors in greatest social and economic need. It also encourages public/private partnerships; promotes seniors volunteering to help one another; and spells out a planning and oversight mechanism that includes the seniors themselves.

We all recognize and appreciate the hard work of the Sub-Committee on Aging to get an updated, reauthorized bill to us during this Congress, and I will continue to work in support of their effort. However, with our condensed legislative calendar, the likelihood of completing the full committee

process is diminished. This legislation would provide a short term reauthorization in order to allow The Committee to continue its work to rewrite the 1992 law.

This bill is endorsed by 32 of the major national aging organizations and associations, a list is attached.

Mr. President, our nation's seniors and their families are very concerned that these vital services will stop. It is time to reassure them.

Mr. President, I ask unanimous consent that a list of groups supporting the bill be printed in the RECORD.

There being no objection, the list was ordered to be printed in the RECORD, as follows:

#### OLDER AMERICANS ACT ENDORSEMENTS

National Association of State Long Term Care Ombudsman Programs.

National Silver Haired Congress.

National Association of Nutrition and Aging Services Programs.

National Committee to Preserve Social Security and Medicare.

Center for Medicare Advocacy, Inc.

National Indian Council on Aging, Inc.

Texas National Silver Haired Congress.

National Committee for the Prevention of Elder Abuse.

National Academy of Elder Law Attorneys.

Council of Senior Centers and Services of New York City, Inc.

National Council on the Aging.

National Citizen's Coalition for Nursing Home Reform.

Arizona Association of Area Agencies on Aging.

Pima Council on Aging.

American Bar Association.

The Center for Social Gerontology.

American Bar Association Governmental Affairs Office.

American Association of Retired Persons.

The National Caucus and Center on Black Aged, Inc. (NCBA).

Association Nacional pro Personas Mayores.

Association for Gerontology in Higher Education (AGHE).

American Association of Homes and Services for the Aging.

National Association of Legal Services Developers 23.

Alzheimer's Association.

Adult Care Services, Inc.

The Gerontological Society of America.

United Neighborhood Houses of New York.

Green Thumb, Inc.

National Council of Senior Citizens.

National Association of Retired Federal Employees.

National Asian Pacific Center on Aging.

National Association of Social Workers.●

#### ADDITIONAL COSPONSORS

S. 75

At the request of Mr. KYL, the name of the Senator from Pennsylvania (Mr. SANTORUM) was added as a cosponsor of S. 75, a bill to repeal the Federal estate and gift taxes and the tax on generation-skipping transfers.

S. 358

At the request of Mr. DEWINE, the names of the Senator from Iowa (Mr. GRASSLEY) and the Senator from Ohio (Mr. GLENN) were added as cosponsors of S. 358, a bill to provide for compassionate payments with regard to indi-

viduals with blood-clotting disorders, such as hemophilia, who contracted human immunodeficiency virus due to contaminated blood products, and for other purposes.

S. 381

At the request of Mr. ROCKEFELLER, the name of the Senator from California (Mrs. FEINSTEIN) was added as a cosponsor of S. 381, a bill to establish a demonstration project to study and provide coverage of routine patient care costs for medicare beneficiaries with cancer who are enrolled in an approved clinical trial program.

S. 625

At the request of Mr. MCCONNELL, the name of the Senator from North Carolina (Mr. FAIRCLOTH) was added as a cosponsor of S. 625, a bill to provide for competition between forms of motor vehicle insurance, to permit an owner of a motor vehicle to choose the most appropriate form of insurance for that person, to guarantee affordable premiums, to provide for more adequate and timely compensation for accident victims, and for other purposes.

S. 778

At the request of Mr. LUGAR, the name of the Senator from Louisiana (Ms. LANDRIEU) was added as a cosponsor of S. 778, a bill to authorize a new trade and investment policy for sub-Saharan African.

S. 1647

At the request of Mr. BAUCUS, the names of the Senator from Mississippi (Mr. COCHRAN) and the Senator from Georgia (Mr. CLELAND) were added as cosponsors of S. 1647, a bill to reauthorize and make reforms to programs authorized by the Public Works and Economic Development Act of 1965.

S. 1693

At the request of Mr. THOMAS, the name of the Senator from Colorado (Mr. CAMPBELL) was added as a cosponsor of S. 1693, a bill to renew, reform, reinvigorate, and protect the National Park System.

S. 1725

At the request of Mr. BURNS, the name of the Senator from Colorado (Mr. ALLARD) was added as a cosponsor of S. 1725, a bill to terminate the Office of the Surgeon General of the Public Health Service.

S. 1734

At the request of Mrs. HUTCHISON, the name of the Senator from Arkansas (Mr. HUTCHINSON) was added as a cosponsor of S. 1734, a bill to amend the Internal Revenue Code of 1986 to waive the income inclusion on a distribution from an individual retirement account to the extent that the distribution is contributed for charitable purposes.

S. 1855

At the request of Mr. WYDEN, the name of the Senator from Mississippi (Mr. COCHRAN) was added as a cosponsor of S. 1855, a bill to require the Occupational Safety and Health Administration to recognize that electronic forms of providing MSDSs provide the

same level of access to information as paper copies.

S. 1858

At the request of Mr. JEFFORDS, the names of the Senator from South Carolina (Mr. HOLLINGS), the Senator from South Dakota (Mr. DASCHLE), the Senator from Minnesota (Mr. WELLSTONE), and the Senator from California (Mrs. BOXER) were added as cosponsors of S. 1858, a bill to amend the Social Security Act to provide individuals with disabilities with incentives to become economically self-sufficient.

S. 1924

At the request of Mr. MACK, the names of the Senator from Colorado (Mr. CAMPBELL) and the Senator from New Mexico (Mr. BINGAMAN) were added as cosponsors of S. 1924, a bill to restore the standards used for determining whether technical workers are not employees as in effect before the Tax Reform Act of 1986.

S. 1927

At the request of Ms. MOSELEY-BRAUN, the name of the Senator from Minnesota (Mr. WELLSTONE) was added as a cosponsor of S. 1927, a bill to amend section 2007 of the Social Security Act to provide grant funding for 20 additional Empowerment Zones, and for other purposes.

S. 1930

At the request of Mr. NICKLES, the name of the Senator from Texas (Mr. GRAMM) was added as a cosponsor of S. 1930, a bill to provide certainty for, reduce administrative and compliance burdens associated with, and streamline and improve the collection of royalties from Federal and outer continental shelf oil and gas leases, and for other purposes.

S. 2040

At the request of Mr. BAUCUS, the name of the Senator from Ohio (Mr. GLENN) was added as a cosponsor of S. 2040, a bill to amend title XIX of the Social Security Act to extend the authority of State medicaid fraud control units to investigate and prosecute fraud in connection with Federal health care programs and abuse of residents of board and care facilities.

S. 2078

At the request of Mr. GRASSLEY, the names of the Senator from Indiana (Mr. LUGAR) and the Senator from Idaho (Mr. CRAIG) were added as cosponsors of S. 2078, a bill to amend the Internal Revenue Code of 1986 to provide for Farm and Ranch Risk Management Accounts, and for other purposes.

S. 2128

At the request of Mr. STEVENS, the name of the Senator from Vermont (Mr. LEAHY) was added as a cosponsor of S. 2128, a bill to clarify the authority of the Director of the Federal Bureau of Investigation regarding the collection of fees to process certain identification records and name checks, and for other purposes.

S. 2130

At the request of Mr. GRAMS, the name of the Senator from Wyoming